DOCUMENT RESUME

ED 286 600 PS 016 791

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TITLE Child Health Practices Reported by Day Care Center Parents: Implications for Early Childhood Educators.
PUB DATE Apr 87
NOTE 10p.; Paper presented at the Association for Childhood Education International Study Conference (Omaha, NE, April 30-May 3, 1987).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Beliefs; Dental Health; Exercise; *Health; Hygiene; Immunization Programs; *Information Sources; Nutrition; *Parent Attitudes; *Preschool Children; Preschool Education; Safety; Sleep
IDENTIFIERS *Child Health Care; Project Head Start

ABSTRACT

Part of a larger study of parents' practices regarding children's health, this report focuses on the relationship of such practices to parents' beliefs and knowledge about children's health. The study described factors influencing child health practices and sources of child health information used and preferred by parents. Also examined was the extent to which parents of preschoolers followed health promotion practices in the areas of nutrition, safety, dental and personal hygiene, immunization, sleep and rest, and exercise. Participants were parents of children 2 through 5 years of age who were enrolled in licensed day care centers in the 13 southern counties of a large midwestern state. The 65 centers were stratified according to sponsoring agency: 25 percent government Head Start, 6 percent college or university, 9 percent church, and 60 percent privately sponsored. A sample of 33 centers was drawn randomly from the four strata, providing a sample of 1,464 families. A survey instrument was developed, and 605 of the returned questionnaires were considered acceptable for analysis. Findings suggested that parents were interested in their children's health. Parents reported a high frequency of child health promotion practices. However, results indicated that practices in all seven areas could be improved. (RH)

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CHILD HEALTH PRACTICES REPORTED BY DAY CARE CENTER PARENTS: IMPLICATIONS FOR EARLY CHILDHOOD EDUCATORS

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Preschool Child Health

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Child Health Practices Reported by Day Care Center Parents: Implications for Early Childhood Educators

As professionals who work with young children we are aware of the importance of health in the growth and development process. In recent years greater emphasis has been placed on the development of healthy lifestyle behaviors to maintain individual health. We have identified daily activities that individuals may follow voluntarily to promote healthier living. Since many of a family's daily practices center around health maintenance, lifelong health behaviors may be rooted in childhood. Yet, to date, few studies have been reported describing health practices related to children, specifically the cohort of preschool age.

For young children who depend on others for care, the actions of caretakers have greater influence than most other factors. Parents are the primary overseers of daily activities, including health promotion and maintenance. Parents, then, were considered the prime source of data regarding child health practices.

Seven major areas were selected for study from those described in the literature as having the greatest impact on the health of preschool age children: nutrition, safety, dental hygiene, immunization, personal hygiene, sleep and rest, and exercise. Epidemiologic data indicate present or future risk for health related problems for young children in these behavioral areas.

The primary focus of my investigation, then, became parents' child health practices. Today I will describe a portion of a larger study describing the relationship of parents' child health practices to beliefs and knowledge about child health. This portion of the study:

1) examined the extent to which parents of preschool age children followed health promotion practices in seven selected areas; and
2) described factors influencing child health practices and
3) described sources of child health information used and preferred by parents.

METHODS

The population selected for study was composed of parents of children ages 2 through 5 yrs enrolled in licensed day care centers in the 13 southern counties of a large midwestern state. The 65 centers were stratified according to sponsoring agency as follows (see Table 1):

a. 25% government sponsored Head Start;
b. 6% college or university sponsored;
c. 9% church sponsored; and
d. 60% privately sponsored.

A sample of one half (33) of these day care centers was drawn randomly from the four strata using the percentages of programs calculated for each sponsoring group. All eligible parents from the randomly selected day care centers were asked to respond. The actual numbers are shown in Table 2. The number of eligible respondents (counting one parent per child) was 3,056; the number in the sample was 1,464.

A survey instrument was developed to obtain information needed for the study. The content and format were reviewed by a panel (health educator, pediatrician, pediatric nurse, nutritionist, dental hygienist, measurement specialist and day care center director).

Readability level was determined to be at the 6th grade level. Stability of questions was determined using test-retest procedure and item analysis. Pilot study was conducted.

Section ONE of the Parents' Survey addressed child health practices in the seven selected areas. Respondents were asked to indicate the frequency of particular health practices in six of the areas. An additive scale was constructed to obtain a total score for each area. Higher scores reflected more frequent practice of those defined as promoting health/preventing disease. For the area of immunization, parents were asked whether or not practices were followed; these scores reflected the total number of immunizations received.

Questionnaires were distributed to parents through day care center directors. Announcement flyers were used to capture parent interest and relay day care center approval of the study. Two follow-ups were used also.

Table 3 shows responses received. The number of eligible respondents was 1464; the number of surveys actually distributed was 1261. Of these, 643 were returned (51%); 605 were acceptable for data analysis. It is noteworthy that the percentages of returns were similar across the four sponsoring agency groups.

Profile of respondents was as follows: 95% mothers; mean age of 29.3 years; majority were caucasian; 55% had some college education or a degree; majority were middle or upper income; from families with 1-2 children; 80% were two parent households; 58% worked outside the home.

Respondents' children were about half male and half female. Most were 3-5 yrs old and 44% were 4 yr. olds.

RESULTS:

Hearing and vision problems were reported by 10% of parents and allergies of different kinds by 18%. Only 6% reported that their child's life needed to be different in some way because of a health condition.

Most parents (61%) described their children "as healthy" as most children the same age; 34% described them "as healthier" and 2% as "less healthy."

The next table (Table 4) shows a summary of child health practice total scores, comparing mean values with maximum possible value in each of the seven selected health areas. Scores were moderately skewed toward the upper end of the score range for all areas.

Highest scores were in immunization practices; 75% reported their children had all immunizations completed. This percentage may have been due to the requirement that all children enrolled in day care centers were required to show proof of up-to-date status prior to entry. High as this is, the 1990 goal for immunization status is 95%.

Lowest mean score compared to possible maximum total score was for dental hygiene. The specific practice which 62% of parents reported not following was seeing that their children flossed their teeth either alone or with help. Twenty eight percent indicated that their child had not yet had a routine dental check up. Also 66% of parents reported that their child had candy, soft drinks or other sweets as a between meal snack "several times" during the past week.

In safety, 62% of parents indicated that they "usually" placed their children in a safety seat or in seat belts when riding in a care; 27% indicated "sometimes". Toys were "usually" checked for safety hazards by 57% of parents.

Concerning personal hygiene, 72% said their children "usually" washed hands before eating at home. Only 50% indicated their children "usually" washed hands after toileting.

Parents also were asked to indicate the main reasons which explained what influenced their child health practices. Responses were: 1) advice from doctors; 2) knowing it would help their child; 3) their own experience; 4) advice from dentist. The reasons least cited were: advice from friends, newspaper, TV and radio.

Factors reported for not following desired child health practices were: 1) cost, 2) lack of time and 3) child's likes and dislikes. Three lesser cited reasons were: a) schedule of office hours b) no transportation; and c) not knowing who to ask.

Parents reported that they received a "great deal of child health information" from: 1) family doctor; 2) dentist; 3) pharmacist; 4) day care center staff. Other sources (besides people)cited were: 1) magazine articles; 2) TV news stories; 3) child care books. Least cited were a) advertising and b) "spots" on radio.

Parents also were asked to choose from a list activities they thought would be "helpful" to them in providing for their child's health. "Following advice from the doctor or dentist" was reply of 89.7%; "reading informational booklets" by 80%; and "reading child care books" by 64.7%. For this group, the item least cited was "discussing child health in a parent group" (24%).

RELATED FINDINGS

There were several related findings of interest to child and family health professionals. Parents were asked "who has the primary responsibility for looking after the health of children?" Sixty four percent responded "I do" and 33% "both my spouse and I do". Keep in mind that the majority of respondents were mothers. When asked "who has the primary responsibility for teaching children good health practices?" Sixty one percent said "both parents"; 33% "mother" and 0% chose "father".

IMPLICATIONS

Considering the response rate to the survey, parents in this population were interested in their children's health. They reported a high frequency of child health promotion practices. All seven areas, however, could be improved. Professionals need to consider strategies for further improvement of parent's child health practices.

Findings suggest that child health professionals and early childhood educators can assist parents through education focusing on the benefits of daily health practices for the present and future health of children with ideas for cost effective and timesaving practices (e.g. nutrition). Educators can refer parents to valid and accurate child health information resources in magazines or publish "health hints" in agency newsletters. Approaches to incorporate children's preferences into healthy practices could be explored with parents.

Articulation between professionals in child health and early childhood educators should be promoted to strengthen existing preschool health education for children and parents in child care settings.

FUTURE RESEARCH

It is suggested that this research be replicated with other populations in various geographic areas. A study of the health component of day care could add to our understanding of the overall health of preschool age children. Daily health practices, health education curricula, and staff education issues should be addressed. The health content of current publications for parents also could be studied.